

OLD SALEM FARM SPRING HORSE SHOW - WEEK I May 5 - 10, 2020

Entries close Monday, April 6, 2020 by 5:00 pm. ALL FEI HORSES MUST BE ENTERED ONLINE BY THEIR NATIONAL FEDERATION.

No entries will be accepted by fax and we cannot provide confirmation of receipt. Exhibitors must have current USEF/USHJA membership card available or a copy sent with entry.

HORSE NAME					HORSE / USEF / EC #	RIDERS			USEF/USHJA#	ASPCA#	EC#	CIRCLE	CLASSES
						RIDER ONE						JR AM PRO	RIDER ONE CLASSES
COLOR	SEX	HEIGHT	AGE	FEI PASSPORT #	HORSE/PONY			RIDER TWO				JR AM PRO	RIDER TWO CLASSES
					Small	Medium	Large						
BREED	DOB	BIRTH CTRY	STUD BK		GREEN YEAR	1	2						

OWNER OR AUTHORIZED AGENT					RIDER ONE			TRAINER			STABLE WITH (BARN NAME)		
NAME					NAME			DOB M/D/Y	GENDER		NAME		
ADDRESS					ADDRESS					ADDRESS			
CITY/STATE/ZIP					CITY/STATE/ZIP					CITY/STATE/ZIP			
TELEPHONE					TELEPHONE			USEF/USHJA/FEI #			TELEPHONE		USEF/USHJA/EC #
EMAIL					EMAIL					EMAIL			

RECIPIENT OF PRIZE MONEY AWARDS					RIDER TWO			OFFICE & STALL FEES MUST ACCOMPANY ENTRIES TO SECURE STALLS. MAKE CHECKS PAYABLE TO: OLD SALEM FARM P.O. BOX 317 -190 JUNE ROAD NORTH SALEM, NY 10560 Canadian Exhibitors: Check must be pre-printed "U.S. Funds"							
NAME					NAME								DOB M/D/Y	GENDER	
ADDRESS					ADDRESS										
CITY/STATE/ZIP					CITY/STATE/ZIP										
TELEPHONE					TELEPHONE								USEF/USHJA/FEI #		
SS# or FED ID#					EMAIL										

USEF/USHJA/FEI FEES	
USHJA Fee	\$7
USEF Drugs/Medications Fee	\$15
USEF Federation Fee	\$8
USEF Show Pass Fee	\$45
USHJA Show Pass Fee	\$30
FEI Drug and Med Fee	\$33
USEF IHP Fee	\$35

FEES	
Entry Fee	_____
FEI Entry Fee	_____
Nominating Fee (\$250)	_____
Premium Stall Fee (\$375)	_____
FEI Tack Stall Fee (\$375)	_____
Ship In Fee (\$90)	_____
Ambulance Fee	\$15
Office Fee	\$95
Late Entry Fee (\$100)	_____
AMOUNT ENCLOSED \$	_____

UNITED STATES EQUESTRIAN FEDERATION, INC. ENTRY AGREEMENT

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for Old Salem Farm Spring Horse Shows ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the competition, and agree that any actions against the Federation must be brought in New York State.

Federation Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, Old Salem Farm Spring Horse Show to the following: **I AGREE** that the "Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates, Old Salem Farm Acquisition Corp. and property owners.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm").

I AGREE to hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and **AGREE** to all of the above provisions and **AGREE** to assume all of the obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. **BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

MANDATORY	OWNER/AGENT	RIDER/HANDLER	TRAINER
	SIGNATURE: _____	SIGNATURE: _____	SIGNATURE: _____
	Print Name: _____	Print Name: _____	Print Name: _____
	(Required if Rider/Handler is a minor) PARENT/GUARDIAN SIGNATURE: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	COACH SIGNATURE: _____ (if applicable)
	Print Name: _____	SIGNATURE: _____	Print Name: _____
EMERGENCY CONTACT PHONE # _____	Print Name: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>	

ALL STALL AND OFFICE FEES MUST BE PREPAID BY CLOSING DATE (APRIL 6, 2020)

This show offers one or more classes that are recognized by the

North American League



In order for riders to receive credit, they must be a current member. Membership is valid for the qualifying year and entitles the rider to earn points on one or more horses shown in accredited classes.

National Finals are held at the Pennsylvania National Horse Show.

West Coast Finals are held at the Las Vegas National Horse Show.

Please complete and mail the application with payment to:

North American League
1298 Royal Rd
Annville, PA 17003
717-867-5643; 717-867-2174 fax

www.ryegate.com
nal@ryegate.com

Please enroll me as member of the North American League:

Date _____ Membership is effective the date received in the league office with payment. Amateur Junior Qualifying Year: (Sept 1 - Aug 31) _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____ DOB _____
 Payment of \$40.00 enclosed USEF #: _____
Please bill my MasterCard Visa Discover AmEx Exp CSV
Account # _____ / _____ / _____ / _____
Cardholder _____
Address _____
City _____ State _____ Zip Code _____
I authorize Ryegate Show Services on the behalf of the NAL to debit my account .

Signature _____

Received

Check #

Enter the Washington International Horse Show Children's & Adult Championships and WIHS Equitation!



Earn points here to qualify for the
\$10,000 Adult Jumper Final
\$10,000 Adult Hunter Final
\$10,000 Children's Jumper Final
\$10,000 Children's Hunter Final
WIHS Equitation Final
WIHS Pony Equitation Final

at the Washington International Horse Show in Washington, DC.

Become a member of the WIHS Children's & Adult Championships and WIHS Equitation to receive points. Competitors need only submit one WIHS membership application for the current qualifying year and that will entitle them to accrue points in all WIHS sanctioned classes. Membership is valid for the qualifying year and entitles a rider to earn points on one or more horses in any of the divisions.

WIHS
1298 Royal Rd
Annville, PA 17003
717-867-5643; 717-867-2174 fax

www.wihs.org
wihs@ryegate.com

Join online at www.ryegate.com

Please enroll me as member of the WIHS Championships & Equitation:

Date _____ Qualifying Year: (Sept 1 - Aug 31) _____
Membership is effective the date received in the league office with payment. Amateur Junior
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
Email _____ DOB _____
 Payment of \$40.00 enclosed USEF #: _____
Please bill my MasterCard Visa Discover AmEx Exp CSV
Account # _____ / _____ / _____ / _____
Cardholder _____
Address _____
City _____ State _____ Zip Code _____
I authorize Ryegate Show Services on behalf of WIHS to debit my account.

Equitation Riders Only
 East Ranking
 West Ranking

Signature _____

Received

Check #